



Grantees interested in participating in training workshops and follow-up onsite help may contact Audrey Smolkin (asmolkin@hrsa.gov) for referrals and further information.

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ORAL HEALTH

The speakers participating in this call discussed the issue of oral health care in community-based settings and ways to increase access to dental services for underserved populations. Discussion began with HRSA's efforts to promote oral health across the nation, including the availability of HRSA's Regional Dental Consultants to CAP Consortia as a useful and ready resource for dental services issues. Dr. Helgeson then discussed ways his non-profit organization, Appletree Dental, effectively serves low-income families and individuals with special needs, and outlined specific routes that CAP grantees may want to consider as they build on this experience.

Although oral health care access has been a part of Community and Migrant Health programs since their inception, it remained in the background until the Surgeon General's Report in the mid-1990s revealed that only 2 out of 10 Medicaid-eligible children had access to dental care. The Report demonstrated that dental care is a most urgent issue for the poor and that they have the most limited access to the dental care they need. Disparities in access to oral health care are extreme. Individuals with low-incomes, who are disabled, geographically isolated, recent immigrants, homeless, those with language barriers or who are very young or very old tend to have the most limited access, yet need the most care. Meanwhile, the dental work force itself is in decline and the vast majority of dental practitioners have single, rather than group practices that tend to be privately funded, have limited insurance capabilities, and are not committed to disease management or other innovative practices that expand access to and quality of care.

To address this problem, HRSA and the Health Care Financing Administration (HCFA¹) formed a coalition to examine oral health services and prevention measures. This joint initiative has two goals - to eliminate access disparities and to advance oral health for all Americans. Its aim is to expand Federally driven state-level dental care planning and to help states build their public health infrastructures and increase their dental care delivery capacity. As a result of these joint efforts, various grant programs have been initiated and dental care has begun to be included in Migrant, public housing and school-based programs.

¹ The agency formerly known as HCFA, now known as the Center for Medicaid and Medicare Services (CMS)

HRSA's Bureau of Primary Health Care (BPHC) has identified 4 major objectives in making oral health care accessible to un- and underinsured Americans:

- ◆ ***To create increased access at the community level*** – To this end, grants have been initiated, funding increased, and information developed and disseminated to improve state-level planning. Efforts are also underway to increase children's participation in Migrant- and school-based dental programs.
- ◆ ***To strengthen the safety net by including dental services*** – HRSA is developing non-traditional methods of expanding both community and industry support including encouraging new dentists to look at existing models (like Appletree, described below) and working with communities where there is a shortage of dentists. Education and early intervention to reduce the prevalence of childhood caries are current HRSA priorities. To maximize existing health care resources, HRSA is urging providers to engage in dental screening and prevention efforts.
- ◆ ***To develop the dental work force to meet increased personnel needs*** – HRSA encourages dental schools to consider the needs of high-risk populations and develop dental residency programs with community-based organizations that will make dental care available among the underserved.
- ◆ ***To promote excellence in dental care practice and share information among underserved communities*** – Dental schools are also being encouraged to identify and implement effective, culturally sensitive ways to communicate and deal with clients from underserved populations and to develop and promote specialties in childhood and geriatric dentistry.

In an effort to achieve these objectives, ten regional dental consultants from HRSA's Regional Offices work together to answer grantees' questions and concerns about oral health initiatives and issues. Each of these ten consultants has different skills, interests, and training in Public Health and Dental Public Health and is available to share their expertise and experience with health care practitioners in the field as needed. CAP grantees who have questions for regional dental consultants may contact the CAP project person in their respective Regional Office or Audrey Smolkin at asmolkin@hrsa.gov.

Dr. Helgeson, director and CEO of Appletree Dental in Minnesota, has a special interest in geriatric dentistry. He stressed the urgency of providing equitable access to dental care by discussing how neglecting dental health can have a serious negative impact on a broad range of issues— including nutrition, social behavior, pregnancy, economics, systemic functions, diabetes, and heart disease.

The Appletree model for non-profit, community-based dentistry is one that CAP grantees may want to consider. It relies on community partnerships and an interdisciplinary board of directors committed to an innovative delivery approach based on health needs as opposed to economics. Funding is sought from a broad range of corporations, foundations and individuals in addition to fees from clients and other stakeholders. Dr. Helgeson cautioned grantees against limiting funding sources to those with a perceived interest in dental issues. Approximately 10% of Appletree funding is philanthropic, with donors that range from dental manufacturers to food manufacturers

and distributors to other organizations that are interested in this innovative approach, such as 3M Foundation and National City Bank.

Innovation is the key concept in this model. For example, because transportation is a problem for many clients, Appletree worked closely with A-dec, a mobile dental equipment company, to develop a completely new system of mobile dental offices and information systems that can be set up on-site in nursing homes, Head Start Centers, and community clinics. By utilizing this effective combination of a base clinic and mobile systems, Appletree Dental is able to serve more than 30,000 patients per year.

A key factor of the success of a model such as Appletree is its development of sustainable solutions as opposed to quick fixes. The Appletree model is an excellent example of how to implement HRSA's recommendation to build public and private partnerships supported by local dental and medical training programs to serve the un- and under-insured members of a community. Because established dentists will rarely change their practice patterns, community-based programs such as this need to interact with local training programs to stimulate an active interest in working with special populations and developing more diversity in dental practice.

Appletree is one example of the value of innovation and creativity in creating access to dental care for vulnerable populations. Working together and with their various stakeholders, CAP grantees can explore many avenues, limited only by their imaginations, in their efforts to bring better dental care to their communities.

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